

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

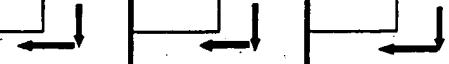
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
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TOTAL IND.

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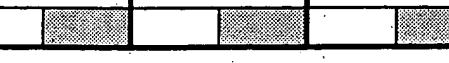
TOTAL DEP.

5



TOTAL CLAIMS

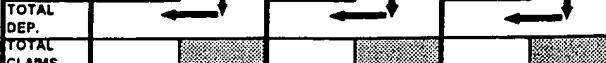
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	IND	DEP	IND	DEP	IND	DEP
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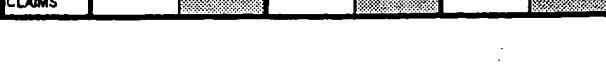
TOTAL IND.

5



TOTAL DEP.

5



TOTAL CLAIMS

5

